

DECLARATION/POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	17782
	First Named Inventor	Vincent M. KANE
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ELECTRONIC MODULE ASSEMBLY, APPARATUS, METHODS
AND ARTICLES OF MANUFACTURE**

The specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application Number _____ or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or ☒ Correspondence address belowName **Joseph A. Tessari, Esquire**Address **Tyco Technology Resources**Address **4550 New Linden Hill Road—Suite 450**City **Wilmington**State **DE**Zip **19808-2952**Country **US**

Telephone

Fax

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Salvatore Anastasi

Registration No. 39090

Michael J. Aronoff

Registration No. 37770

Joseph E. Chovanes

Registration No. 33481

Stephen J. Driscoll

Registration No. 37564

Robert J. Kapalka

Registration No. 34198

Driscoll A. Nina, Jr.

Registration No. 34685

Joseph A. Tessari

Registration No. 32177

Bruce J. Wolstoncroft

Registration No. 32075

I hereby appoint the practitioner(s) associated with Customer Number _____ to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Vincent M.

Family Name or Surname

KANE

Inventor's Signature

Date **2/26/02**Residence/City: **Harrisburg**State **PA**Country **US**Citizenship **US**Mailing Address: **607 Lopax Road, S-11**

Mailing Address:

City: **Harrisburg**State **PA**Zip **17112**Country **US**

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Keith R.		Family Name or Surname FOLTZ	
Inventor's Signature <i>Keith R. Foltz</i>		Date <i>2/26/02</i>	
Residence/City: Oberlin	State PA	Country US	Citizenship US
Mailing Address: 214 S. Harrisburg Street			
Mailing Address:			
City: Oberlin	State PA	Zip 17113	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence/City:	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City:	State	Zip	Country

[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.